

**INCORPORATED VILLAGE OF LAKE GROVE
SUMMER RECREATION PROGRAM**

DATE ____-____-____

AGE	GRADE	GROUP
FOR OFFICE USE		

LAST NAME, FIRST DATE OF BIRTH E-MAIL

ADDRESS HOME TELEPHONE

SCHOOL CURRENT GRADE / CURRENT AGE (AS OF 7/5)

☐ VILLAGE RESIDENT FEE \$ _____ SHIRT SIZE CHILD S M L / EXTRA SHIRT ☐

CHECK ☐ # _____ ADULT S M L XL XXL / QUANTITY _____ SIZE _____

PARENTS'/GUARDIANS' NAMES _____

FAMILY DOCTOR _____ TEL. NO. _____

IN CASE OF TEL. NO. _____
EMERGENCY CONTACT _____

OR CELL NO. _____

TEL. NO. _____

CELL NO. _____

KNOWN ILLNESSES, DISABILITIES, ALLERGIES, ETC. _____

MY CHILD HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES **EXCEPT:** _____

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

RELEASE

I agree to assume full responsibility for any injuries which might occur to the above named participant (_____) as a result of participation in any activities of the Lake Grove Summer Recreation Program, including but not limited to any claims for personal injuries resulting from or arising out of the negligence or intentional acts of parties other than the Village of Lake Grove and its employees.

DATE

SIGNATURE